



APPLICATION FOR APPROVAL OF AUCTIONEER PRELICENSING COURSE PROVIDER OR CONTINUING EDUCATION COURSE SPONSOR

State Form 47919 (R / 11-01)

NO FEE

INDIANA PROFESSIONAL LICENSING AGENCY
302 West Washington Street, Room E034
Indianapolis, Indiana 46204-2700
Telephone: (317) 232-2980
FAX: (317) 232-2312

PLEASE MARK APPLICABLE BOX:

☐ PRELICENSING COURSE PROVIDER

☐ CONTINUING EDUCATION COURSE SPONSOR

Name of provider / sponsor	Business telephone number
Name of director / contact person	FAX number
Address (number and street, city, state, ZIP code)	

PARTNERSHIP / CORPORATION / LLC / LLP INFORMATION

If the ownership of the provider / sponsor is a partnership, LLC / LLP or corporation, please check applicable box and provide names and addresses of partners, officers, directors or members / managers on a separate paper:

☐ Partnership ☐ LLC / LLP ☐ Corporation

PRELICENSING COURSE PROVIDER INFORMATION ONLY

Please indicate instructors and include evidence that they comply with 812 IAC 2-3-2.

NAME(S)	NAME(S)

CONTINUING EDUCATION COURSE SPONSOR INFORMATION ONLY

Please provide a descriptive course content outline for each course including a cover sheet indicating the course title (*indicate the course subject if not in title*) and number of continuing education hours. Also please provide a copy of the certificate of course completion.

I (we) the undersigned, do hereby swear and affirm that:

- (1) The sponsor shall provide to all licensees who successfully complete an approved course a certificate of course completion pursuant to 812 IAC 3-1-6;
- (2) Each instructor meets the qualification pursuant to 812 IAC 3-1-7;
- (3) The sponsor will conduct an instructor and course evaluation and that such shall be provided to the commission upon request pursuant to 812 IAC 3-1-2 (b) (9).
- (4) Each facility shall meet the requirements of 812 IAC 2-2-1.

NOTARY CERTIFICATE

I (we) the undersigned, submit this application in conformance with IC 25-6.1 and 812 IAC pertaining to auctioneer prelicensing course provider and or continuing education course sponsor approval. I (we) understand that any violations of the license law or rules on my (our) part will subject me (us) to loss of approval.

STATE OF _____

SS:

COUNTY OF _____

I (we) certify that the information given in this application is true and correct to the best of my (our) knowledge.

Signature of principal officer, partner, manager, school director	Signature of Notary Public	
Printed or typed name of principal officer, partner, manager, school director	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires